



## Complete Summary

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### TITLE

Outpatient drug utilization: summary of outpatient utilization of drug prescriptions, stratified by age, during the measurement year.

### SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

### Measure Domain

#### PRIMARY MEASURE DOMAIN

Use of Services

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

#### SECONDARY MEASURE DOMAIN

Does not apply to this measure

### Brief Abstract

#### DESCRIPTION

This measure summarizes data on outpatient utilization of drug prescriptions, stratified by age, during the measurement year. The following data are reported:

- Total cost of prescriptions
- Average cost of prescriptions per member per year (PMPY)
- Total number of prescriptions
- Average number of prescriptions PMPY

#### RATIONALE

Expenditures for prescription drugs in the U.S. continue to be the fastest growing component of health care. As measured by various research groups and by the federal government, prescription drug spending has risen 15 percent or more per year over the past several years. Managing the cost of prescription medications is only one aspect of managing utilization. Formulary development and compliance help reduce unnecessary variation in prescribing habits, but may be unnecessarily restrictive to practicing clinicians. Use of a less-effective drug may result in unnecessary hospitalization or in a patient whose quality of life is eroded by unacceptable side effects. A total disease management approach avoids focusing on one component of care that might result in poor outcome and increased total cost of care.

Utilization of antibiotic drugs is also of particular concern due to increased antibiotic resistance complications resulting from drug resistance; increased risk of adverse drug events from unnecessary medications; and evidence in the literature of misuse and overuse of antibiotics for a number of conditions, especially common respiratory conditions such as upper respiratory infection (URI) or acute bronchitis.

There is a need to reduce overall antibiotic utilization and improve appropriate antibiotic use. NAMCS data show rates of inappropriate antibiotic prescription for uncomplicated URI at about 52 percent, and acute bronchitis at 80 percent. Reporting utilization of antibiotics for an organization's total population provides an overall and comprehensive picture of trends in antibiotic prescribing.

## **PRIMARY CLINICAL COMPONENT**

Outpatient drug prescriptions

## **DENOMINATOR DESCRIPTION**

For commercial, Medicaid and Medicare product lines, all member months for the measurement year for members with the benefit, stratified by age. Refer to *Specific Instructions for Use of Service Tables* in the original measure documentation for more information.

## **NUMERATOR DESCRIPTION**

Total number and average cost of outpatient prescriptions. Refer to original measure documentation for definitions and additional information.

## **Evidence Supporting the Measure**

### **EVIDENCE SUPPORTING THE VALUE OF MONITORING USE OF SERVICE**

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Unspecified

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Accreditation  
Monitoring and planning

## Application of Measure in its Current Use

### CARE SETTING

Managed Care Plans

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

### TARGET POPULATION AGE

All ages

### TARGET POPULATION GENDER

Either male or female

### STRATIFICATION BY VULNERABLE POPULATIONS

Measure results are stratified by age.

## Characteristics of the Primary Clinical Component

### INCIDENCE/PREVALENCE

Unspecified

## **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

## **BURDEN OF ILLNESS**

See the "Rationale" field.

## **UTILIZATION**

See the "Rationale" field.

## **COSTS**

See the "Rationale" field.

## **Institute of Medicine National Healthcare Quality Report Categories**

## **IOM CARE NEED**

Not within an IOM Care Need

## **IOM DOMAIN**

Not within an IOM Domain

## **Data Collection for the Measure**

## **CASE FINDING**

Both users and nonusers of care

## **DESCRIPTION OF CASE FINDING**

For commercial, Medicaid and Medicare product lines, all member months for the measurement year for members with the benefit, stratified by age

## **DENOMINATOR SAMPLING FRAME**

Enrollees or beneficiaries

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

For commercial, Medicaid and Medicare product lines, all member months for the measurement year for members with the benefit, stratified by age. Refer to *Specific Instructions for Use of Service Tables* in the original measure documentation for more information.

**Exclusions**

Unspecified

**RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are not equally eligible to appear in the numerator

**DENOMINATOR (INDEX) EVENT**

Patient Characteristic

**DENOMINATOR TIME WINDOW**

Time window brackets index event

**NUMERATOR INCLUSIONS/EXCLUSIONS****Inclusions**

Total number and average cost of outpatient prescriptions. Refer to original measure documentation for definitions and additional information.

**Exclusions**

Unspecified

**MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

**NUMERATOR TIME WINDOW**

Encounter or point in time

**DATA SOURCE**

Administrative data

Pharmacy data

**LEVEL OF DETERMINATION OF QUALITY**

Does not apply to this measure

**PRE-EXISTING INSTRUMENT USED**

Unspecified

## Computation of the Measure

### SCORING

Rate

### INTERPRETATION OF SCORE

Undetermined

### ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

### DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure requires that separate rates be reported for commercial, Medicare and Medicaid plans.

Measure results are stratified by age.

### STANDARD OF COMPARISON

External comparison at a point in time  
External comparison of time trends  
Internal time comparison

## Evaluation of Measure Properties

### EXTENT OF MEASURE TESTING

Unspecified

## Identifying Information

### ORIGINAL TITLE

Outpatient drug utilization (ORX).

### MEASURE COLLECTION

[HEDIS® 2009: Healthcare Effectiveness Data and Information Set](#)

### MEASURE SET NAME

[Use of Services](#)

### DEVELOPER

National Committee for Quality Assurance

**FUNDING SOURCE(S)**

Unspecified

**COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

**FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

**ADAPTATION**

Measure was not adapted from another source.

**RELEASE DATE**

1993 Jan

**REVISION DATE**

2008 Jul

**MEASURE STATUS**

This is the current release of the measure.

**SOURCE(S)**

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

**MEASURE AVAILABILITY**

The individual measure, "Outpatient Drug Utilization (ORX)," is published in "HEDIS® 2009. Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org).

## **NQMC STATUS**

This NQMC summary was completed by ECRI Institute on March 27, 2009. The information was verified by the measure developer on May 29, 2009.

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For detailed specifications regarding the National Committee on Quality Assurance (NCQA) measures, refer to *HEDIS Volume 2: Technical Specifications*, available from the NCQA Web site at [www.ncqa.org](http://www.ncqa.org).

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